| € .  | Application or Docket Number                 |
|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOF   | " MOSGFS2                                    |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |
| OTAL CLAIMS 75   | RATE FEE RATE FEE                            |
| OR NUMBER FILED NUMBER EXTRA   | BASIC FEE 375.00 OR BASIC FEE 750.00         |
| OTAL CHARGEABLE CLAIMS 7 minus 20= 55  | X\$ 9= OR X\$18=                             |
| DEPENDENT CLAIMS 3 = 4   | X42= OR X84=                                 |
| ULTIPLE DEPENDENT CLAIM PRESENT  | +140= OB +280=                               |
| if the difference in column 1 is less than zero, enter of in column 2  CLAIMS AS AMENDED - PART II 4/29/03   | 7070   |
|  |  |
| (Column 1) (Column 2) (Column 3)   | ADDI- ADDI-                                  |
| REMADING NUMBER PRESENT  | RATE TIONAL RATE TIONAL FEE                  |
| Total • 69 Minus •• 75 s   | X\$.9a OR X\$16=                             |
| Independent • 7 Minus ••• 7 c  | X42= OR X84=                                 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | +140= OR +280=                               |
|  | TOTAL  |
| 12/2/5 (Column 1) (Column 2) (Column 3)  | ADDIT FEE                                    |
| CLAIMS HIGHEST   | ADDI- ADDI-                                  |
| REMAINING AFTER PREVIOUSLY PAID FOR EXTRA  Total • 4 Minus • 9 • 9 • 9 • 1  Independent • 9 Minus • 9 • 9 • 9 • 9 • 9 • 9 • 9 • 9 • 9 •                              | RATE TIONAL RATE TIONAL FEE FEE              |
| Total • 40 Minus • 69 • 0  | X\$ 9= OR X\$18=                             |
| Independent • A Minus ••• A • 6  | X42= OR X84=,                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | +140= OR +280=                               |
|  | ADDIT. FEE OR ADDIT. FEE                     |
| (Column 1) (Column 2) (Column 3)   |  |
| CLAIMS REMAINING NUMBER PRESENT AFTER PREVIOUSLY EXTRA AMENDMENT PAID FOR  | RATE TIONAL RATE TIONAL FEE                  |
| Total Minus of a Independent Minus of AIM  | X\$ 9= OR X\$18=                             |
| Independent . Minus  | X42= OR X84=                                 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | +140= OR +280=                               |
| If the entry in column 1 is less than the entry in column 2, write "Y in column 3.   | TOTAL  |
| The Highest Number Previously Paid For Bit THIS SPACE is test than 20, onter 20 will she "Highest Number Previously Paid For" IN THIS SPACE is test than 3, onter 3. | AUGII. PEGILLARIA AUGII. PEGILLARIA          |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest numb  | a tours of the appropriate out of control 1. |

10/621 958